INDEPENDENT ADOPTION PLACEMENT AGREEMENT

Note to placing parent: This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the prospective adoptive parents named below to adopt your child.

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PLA	CING PARENT SECTION:						
I/we	the undersigned, being the parent(s) of		NAME OF CHILD	, (G	ender: M F)	born	
	inin				, place said	child	
with				se of independe	nt adoption.	I/we	
date agre that	FULL NAME(S) OF PROSPECTIVE ADOPTIVE ADDPTIVE AD	Adoption Placement re not waived my/our able consent to the a	right to revoke the agreem doption on the 31st day after	ent. If I/we take no er I/we sign it. I/we	o further actio e further unde	n, this rstand	
I/we	was/were advised of my/our rights in the indep	pendent adoption pro	cess on		These rights a	are	
summarized on the attached Statement of Understanding which I/we have read and signed.							
The person or persons named above have my/our permission to care for this child in his/her/their home.							
anes	person or persons named above have my/our thesia, which may be deemed necessary or acement is signed.						
I/we	understand that if this child is found to be subj	ject to the Indian Chi	d Welfare Act, this placeme	nt agreement will r	not be valid.		
l/we willin	have decided to place my/our child for adoptingly.	ion with the person o	or persons named above, a	nd I/we am/are sig	ning this free	ly and	
SIGN	ATURE OF MOTHER	DATE SIGNED	SIGNATURE OF FATHER		DATE SIGNED		
PRO	SPECTIVE ADOPTIVE PARENT SECTION:						
I/we	the above prospective adoptive parent(s), acc	cept the placement o	f				
by	PLACING PAREN	•	into my/	NAME OF CHILD Our home with the	intent of adop	otion.	
م _ا ۱/س							
I/we agree to file a petition to adopt this child with the superior court inCounty, the county where I/we reside, within ten (10) working days after signing this agreement.						C I/WC	
state	agree that if, during the time period specified ement revoking the consent and requesting the ng parent(s).						
I/we	agree that until the adoption is granted by the	court:					
A.	I/we shall place the child under the care of a licensed physician and follow his or her recommendations for health care for the child, including immunization.						
B.	I/we shall not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/we understand that the court may issue an order which prevents me/us from taking the child out of the county at all.						
C.	I/we shall not conceal the child from the placing parent(s), the investigating adoption agency, or the court.						
D.	I/we shall inform the agency of changes in my/our family or place of residence.						
E.	I/we shall assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.						
I/we understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.							
I/we	have been informed of the basic health and so	ocial history of the pla	acing parent(s).				
SIGN	STURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED	SIGNATURE OF PROSPECTIVE ADOPTIVE	E PARENT	DATE SIGNED		
					I .		

ADOP	PTION SERVICE PROVIDER SECTION:				
I have	advised the placing parent(s) as required by Family Code Section 8801.5.				
	The advisement occurred at least ten (10) days before the signing of this agreement. or				
	Due to the following exigent circumstances, the advisement occurred fewer than ten (10) days before the signing of this agreement:				
	I on the residence of the prospective adoptive parent(s), the name, address, and telephone number gate this proposed independent adoption is:	r of the adoption agency which will			
	, have witnessed the signing of this Independent				
by	ONinONinOTATE CITY AND CITY AN	O STATE WHERE SIGNED			
and	PROSPECTIVE ADOPTIVE PARENT(S) On	in			
I am:	A representative of	, a California licensed			
L	An individual California adoption service provider.				
	A representative oflicensed or otherwise approved under the laws of the state ofplacement agreement is being signed.	, an adoption agency , the state where the adoption			
	An individual licensed or otherwise certified as a clinical social worker under the laws of the state where the adoption placement agreement is being signed.				
	Independent counsel for the placing parent.				
	RIZE ONLY WHEN SIGNED OUT OF THE STATE OF CALIFORNIA				
	of) y of)				
On	before me,	, a Notary Public,			
persor	nally appeared proved to me on the banke(s) of placing parent(s)	asis of satisfactory evidence to be			
the pe his/hei which	erson(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that lar/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person acted, executed the instrument.	he/she/they executed the same in on(s), or the entity upon behalf of			
I certif	fy under PENALTY OF PERJURY under the laws of the State of California that the foregoing parag	graph is true and correct.			
WITNE	ESS my hand and official seal.				
	(Seal)				
•	ture RE OF AGENCY REPRESENTATIVE OR INDIVIDUAL ADOPTION SERVICE PROVIDER	DATE			